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ABSTRACT

The act of counselor self-disclosure has been regarded favorably by humanistic practitioners, while psychoanalytic figures have generally regarded the sharing of this type of information negatively. Counselor self-disclosure may be a useful means of eliciting reciprocal disclosure by the client or communicating that the counselor is willing to share therapeutic control with the client. In addition, self-disclosure can be used to help the client learn how he impacts on others and to normalize and support behaviors or feelings that the client may feel are unacceptable. By revealing information the counselor may be able to prime the client's expectations for changes; moreover, the counselor can manage the image he projects and derive personal benefit by discretely sharing aspects of himself. Different types of counselor disclosure can be identified in terms of their intimacy value, positive/negative value, and the degree to which the information is similar to the client's experience. Some types of counselor self-disclosure include demographic information, professional identity, world view, attitudes/beliefs, emotional responses, personal experiences, and counselor fantasies. The sharing of information by the counselor must be considered in light of the counselor's style, client expectations, and most importantly, the specific needs of the clients. (Author/NB)

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Counselor Self-Disclosure

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The act of counselor self-disclosure has been regarded favorably by humanistic practitioners, while psychoanalytic figures have generally regarded the sharing of this type of information negatively. The present paper explores the oftentimes subtle and multifaceted process of counselor self-disclosure. First, the reasons for which a counselor may choose to reveal information about him or herself are discussed. Counselor self-disclosure may be a useful means of eliciting reciprocal disclosure by the client or communicating that the counselor is willing to share therapeutic control with the client. In addition, self-disclosure can be used to help the client learn how they impact on others and to normalize and support behaviors or feelings that they may feel are unacceptable. By revealing information the counselor may be able to prime the client's expectations for changes; moreover, the counselor can manage the image he or she projects and derive personal benefit by discretely sharing aspects of him or herself. Different types of counselor disclosure can be identified in terms of their intimacy value, positive/negative value and the degree to which the information is similar to the client's experience. The following types, ordered in terms of greater intimacy value, are discussed: demographic information, professional identity, world view, attitudes/believes, emotional responses, personal experiences, and counselor fantasies. Finally, the conditions under which counselor self-disclosure is appropriate are addressed. The sharing of information by the counselor must be considered in light of the counselor's style, client expectations, and most importantly, the specific needs of the client.

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COUNSELOR SELF-DISCLOSURE

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Counselor self-disclosure can be defined as the process by which the counselor reveals information about him or herself to the client. This behavior is avoided by some counselors and highly endorsed by others, but both schools of thought fail to recognize the multifaceted, sometimes inadvertent way in which the therapist/counselor uses personal information and reactions to advance the psychotherapeutic process. In our survey of the literature on the subject of self-disclosure, we became aware of a need to separate the process of self-disclosure into categories in order to clarify the issues involved in why, what and when the counselor should or should not reveal personal information. We found that three major sections were needed, a. reasons for self-disclosure, b. types of self-disclosure and c. conditions for self-disclosure. In what follows we sub-divide each of these further and discuss the research evidence concerning the issues involved. Where there are no research findings but where it appears that a factor exists clinical impressions are used to define this factor.

Part 1. Reasons for self-disclosure

Some therapists, traditionally those maintaining a psychoanalytic perspective, believe that under no circumstances

is the disclosure of personal information by the therapist appropriate (Curtis,1981-1982). Among the reasons that they cite are:

1) contamination of the transference process
2) attentuation of placebo effects
3) exacerbation of client's resistance
4) communicates that the therapist provides the ideal standard
5) disruption of therapeutic "bonding'

For these reasons, Curtis (1982) supports the use of explicitly nondisclosive psychotherapeutic techniques.

Another group of therapists/counselors question the reasoning behind therapist non-disclosure and seek to find the conditions under which therapist presentation of personal information might be of benefit to the client. Counselor self-disclosure as a means of building a therapeutic relationship is perhaps the broadest and most widely cited reason for its use (e.g. Rogers, 1957, Truax & Carkhoff, 1967, Jourard, 1971). Therapists/counselors of a humanistic orientation see self-disclosure as a means of facilitating the development of an authentic relationship between them and the client. In addition to the benefits that follow from the establishment of an authentic relationship, there are a number of more specific reasons for a counselor to self-disclose: a) reciprocity, b) as feedback to the client about his/her impact upon others, c) as way of helping the client see his/her behavior as normal, d) sharing of therapeutic control, e) building in a self-fulfilling prophecy, f) control of counselor

image, g) psychologcal benefits to he counselor.

The first two of these reasons have either been investigated in formal studies or there is at least research to help us define their validity. The latter reasons, however, are based on counselor observations. Whether they are therapeutic myths or valid reasons for counselor self-disclosure remains to be established.

Reciprocity. Early investigators of self-disclosure found that disclosure by an interviewer elicits a reciprocal level of self-disclosure by the interviewee (Doster & Brooks, 1974; DeForest & Stone, 1980; Mann & Murphy, 1972; McAllister & Kiesler, 1975). In the standard design, a confederate offers disclosures at various levels of intimacy and the responses of the interviewees are analyzed. Subjects exposed to the more disclosive interviewer respond with a greater number of self-disclosures (Chittick & Himelstein, 1967).

Whether the reciprocity effect of self-disclosure represents the interviewee's attempt to establish an equitable relationship or conversely, that the client is modeling the confederates behavior has not been clarified. It seems plausible to assume that subjects exposed to the demands of an experimental investigation would engage in a search for an appropriate model. In this regard, the confederates level of disclosure may be one way of providing salient information to the subject regarding appropriate behavior in that specific situation (Archer, 1979; Doster & Brooks, 1974). Alternatively, Worthy, Gary & Kahn (1969) account for the reciprocity effect by suggesting that the receipt of

information from another person is rewarding and concomitantly communicates trust.

The amount of information shared about ones' self also seems important since an extremely high or low level of disclosure results in a less favorable perception of the counselor (Murphy & Strong, 1972). Perhaps the sharing of personal information communicates an expectancy for the recipient to model the disclosure process and respond with a similar level of disclosure. In this regard disclosure at an inappropriate level may carry an implied obligation to respond at a similarly extreme level. Indeed, Worthy, Gary & Kahn (1969) indicate that disclosure offered at an appropriate level is more likely to elicit favorable impressions of the sender.

These findings must be interpreted with caution in light of the qualitiatively different context of self-disclosure in an experimental interview and that occurring within the more developed therapeutic relationship. In counseling, the "norm of reciprocity' would exist to the extent that a client expects counseling to be like a more typicaly interpersonal exchange. It seems the more common expectation for clients entering counseling is that personal disclosure is to be offered unreciprocated by the therapist.

The therapist-client relationship has been traditionally viewed as inequitable in that the client offers the goods (disclosure) and the therapist is the recipient, uncommitted to responding with equally intimate material. In Gouldner's (1960) terms, this is a violation of "input-output equity." However, the professional demands of the therapeutic

relationship would make the attainment of absolute equity incompatible with the role of the professional helper. It seems tenable that the demands for reciprocity would be substantially less in this type of relationship, but research to date has not clarified this point. In this context equity might be established through the sharing of substantially less personal information than would be expected in a normal interpersonal exchange.

Sharing of therapeutic control. The practitioner who wishes to make therapy a shared partnership between counselor and client may use self-disclosure as a way of communicating respect and positive regard for the client. The act of sharing such personal information implies that the therapist values the client enough to interject personal information into the session and wishes to share the responsibility for the interaction as well. The disclosure of personal information communicates that the counselor is seeking a more equalitarian relationship, with the intention of preventing the client from feeling subordinate in the psychotherapeutic process.

From this perspective counselor self-disclosure can be viewed as a means of facilitating a more equitable sharing of control within the session. Doster and Brooks (1974) suggest that by disclosing information the counselor may communicate that he or she is not invested in being the sole wielder of power in the relationship, thus facilitating the more equal sharing of control or responsibility by the client. The deleterious effects of undermining personal control or "self determination" has been demonstrated by Deci & Ryan (1984).

The overt and symbolic sharing of power through therapist self-disclosure may be a potent means of enhancing a client's sense of control and thus the therapeutic efficacy of psychotherapy.

Client's impact others. Counselor disclosure may at times provide clients with valuable information concerning their impact on others. Viewing the client's interactions with the counselor as a sample, albiet biased, of the client's behavior outside of the sessions, the counselor can provide the client with an authentic example of how another person might react to his/her behavior. Perhaps it is the absence of this type of feedback in their environment that has prevented clients from appreciating the interpersonal consequences of their behavior. Once the therapist can speak as a "here and now" participant in a social interaction with the client, and give appropriate feedback to the client about his/her impact, it may be possible for the client to an generalize this information to other areas of his/her life.

Normalizing client behavior. The disclosure of information by the client may be accompanied by feelings of embarassment or shame arising out of the clients' perception that their experiences and/or feelings are abnormal. A substantial portion of the client's disclosures may consist of information never shared previous to counseling. As such, the client may not know how another person will respond to such information. The uniqueness of the therapeutic relationship lies in the minimization of the proscriptions against the sharing of these types of feelings or actions. This

relationship can provide a nonthreatening context for the disclosure of this type of information.

The manner in which the counselor reacts to the disclosure of embarrassing or awkward material by the client is extremely important. The counselor can either convey an unconditional sense of regard in response to such disclosure or can exacerbate the client's guilt or self-deprecation by minimal signs which suggest that, "Yes, the behavior is abnormal." The alienation and shame that accompany disclosure of this type may be diminished by responding with personal disclosure of a similar nature or drawing on professional experiences to reassure the client of the normality of his/her feelings. Morever, the normalization of the client's behavior may encourage the client to view personal change as more manageable. In short, the client may learn that his/her personal concerns are not unusual or formidable, but rather problems that are shared by others.

The disclosure of unfavorable experiences or feelings by the counselor may also be an effective means of stressing that the process of personal change and growth is an ongoing process. The counselor communicates that not all problems have a solution and that not all problems need to or can be solved. In short, the counselor may disclose in order to communicate a sense of realism in coping with personal shortcomings.

Self-fulfilling prophecy. It is possible to use self-disclosure to prime the client for changes or to build expectations for certain events in the client's life. By focusing on the attainment of a desired outcome the client may

be more likely to take the necessary steps to attaining the goal. As well as incorporating experiences from the counselor's personal life, the sharing of professional experiences may be effective. For example, the counselor may wish to describe another client with a similar problem who was able to change. This seems to be a way of presenting the client with a benchmark for future change. If these expectations are communicated in a personal fashion the professional and personal influence of the counselor may be a significnt impetus to change.

Control of counselor image. The process of selecting a therapist and subsequently evaluating his or her competence is facilitated by the sharing of information regarding the training, orientation, and specific skills of the therapist. Individuals seeking professional services have a legitimate need to know such information. Whether this type of information is offered by the counselor or shared upon request would seem to be a function of the specific client. The disclosure of professional information is a useful means of reassuring the client of the therapist's ability to deal with the client's presenting issues.

The use of therapist self-disclosure seems useful as way of communicating the unpredictability of the counselor. Certain clients may need the security of stable psychotherpeutic milieu, while others respond best to the stress of the unexpected or ambiguous. Self-disclosure by the counselor may add to the unpredictable nature of the therapeutic relationship. By constantly challenging the client

with the unexpected, the counselor may accelerate the client's personal growth.

Counselor self-disclosure can be a useful means of conveying a healthy image of the counselor. In this regard, the counselor becomes a functional model for the client. The counselor may share information with the client which has been selected to encourage a less idealized image of the counselor. Weiner (1979) suggests that therapist self-disclosure can be a useful means of "demystifying" the therapist's status. While some investigators suggest that the disclosure of unfavorable information by the therapist may elicit less favorable perceptions (McAllister & Kiesler, 1972), others have failed to support this conclusion (Doster & Brooks, 1974). Indeed disclosure may tarnish the "overidealized" professional/personal identity of the counselor. For the client with a tendency to in appropriately idealize the therapist, this may be fitting.

Benefits to the counselor. The nature of the therapeutic relationship is equally unique for counselor and client. The disclosure of an inordinate amount of information by the client and the disclosure of a lesser amount (if at all) by the counselor is the norm. The counselor is expected to assume the unusual social role of being intensely interested and involved in the client's responses, yet devoid of personal reactions of his/her own. The type of mutual sharing that characterizes interpersonal relationships is not possible in light of the professional nature of the therapeutic relationship. It would be undesireable for the counselor to

discard his or her professional role in order to interact as an equal participant in psychotherapy--this would be incongruent with the nature of the helping profession.

It would, however, seem unfortunate, at least, and unhealthy at best for the counselor to withhold all emotion throughout the course of a career. Sharing of personal information need not reach the point at which the counselor's needs are met at the expense of client needs. A counselor who denied experiencing emotion during his or her work would be either deceiving him/herself or mentally ill. The same could probably be said of the counselor who expressed emotions indiscretely. The experience of emotion and it's subsequent expression is a natural process that must be filtered somehow in psychotherapy. In short, the discrete expression of emotion or any other type of disclosure in addition to being useful to the client, may benefit the counselor/therapist.

Part II Types of self-disclosure

Numerous investigators have treated self-disclosure of personal informatioin by the therapist/counselor as if it were a unitary entity (McCarthy & Betz, 1978; McAllister & Kiesler, 1975; Curtis, 1982). As we noted in the introduction these writers have generally failed to recognize the multifacted, sometimes inadvertent way in which the therapist/counselor uses personal information and reactions to advance the psychotherapeutic process. This section will present one system of categorizing the types of counselor self-disclosure.

This is an attempt to classify this behavior so that differentiations can be made between the ways in which different counselors disclose personal information to clients.

In conceptualizing counselor self-disclosure, it is helpful to visualize a multidimensional space within which a particular disclosure can be pinpointed. At least three qualitatively distinct dimensions seem necessary to adequately describe a disclosure: a) of high or low intimacy value, b) similar or dissimilar to the client's disclosures, c) of positive or negative value. The range of disclosures within each category and interactions between categories will also be recognized.

Each of these dimensions can be stated in more specific terms. The intimacy value of the disclosure can be placed on a continuum of from very obvious or superficial information, such as the counselor admitting that he or she sometimes "feels blue," to the more intimate disclosure of the fact that he or she experienced a bout of severe depression following the death of a significant other.

The similar or dissimilar nature of disclosure involves the degree to which the information conveyed by the counselor is congruent with the attitudes, feelings or experiences of the client. Although studies incorporating similar self disclosures have found that these interviewers are perceived as more warm and friendly (Giannandrea & Murphy, 1983; Murphy & Strong, 1972), Mann and Murphy (1975) report that interviewers offering dissimilar as well as similar disclosures of

experiences, attitudes and beliefs are perceived as more empathic, warm and congruent.

The matter is more complex than a simple comparison of similar vs. dissimilar disclosures. Mann and Murphy failed to differentially examine the effects of similar/dissimilar attitudes, beliefs or experiences and more basically failed to describe the nature of these disclosures along the various dimensions that are discussed in the present paper. It seems likely that perceptions of disclosures differing in similarity would be mitigated by the type of disclosure and the context in which the disclosure occurs. The findings of Andersen & Anderson (1985) seem to be a case in point. Positive affective counselor responses (similar) as opposed to negative affective statements (dissimilar) were viewed as more appropriate, and elicited more positive ratings of the counselor. It would behoove future investigators to attend to these often subtle distinctions by clearly operationalizing the nature of the disclosures incorporated.

It is possible to speculate that the divergence in client perceptions of similar/dissimilar statements may be greatest when disclosures of higher intimacy value are used. Essentially, the use of a similar affective (self-involving) statement following a client response communicates empathy. Is the communication of empathy as important for demographic or attitudinal disclosure by the client as it would be for affective client disclosure? We think not. In sum, mutiplicative relationships may be obscured when investigators fail to recognize the qualitative and quantitative differences

within and between the dimensions of disclosure.

While the disclosure of similar information seems to be advantageous in that empathy or understanding is communicated the sharing of dissimilar information also seems useful. The use of negative self-involving statements may be an effective means of clarifying or confronting the client with how she or he impacts on others. Similarly, the expression of a divergent attitude or experience may serve to heighten the client's awareness of different perspectives on a topic or situation.

The positive or negative nature of a disclosure refers to how favorable or unfavorable the disclosure reflects upon the counselor. The positive or negative nature of a disclosure may be determined by the social acceptability of the information shared, as well as the situational and interpersonal circumstances within which it occurs, e.g. is the information congruent or incongruent with the value system of the client? While the absolute valence of a particular disclosure is a highly idiosyncratic matter, societal norms seem by and large to provide us with a general index in making this determination. The disclosure that the therapist has been recently divorced would generally be regarded as less positive than the sharing of the fact that the counselor has recently experienced the birth of a new child. Hoffman-Graff (1977) examined the differential effect of positive versus negative information in the analogue interview. This investigator found that interviewers offering negative information were viewed as more empathic, warm and credible than interviewers offing positive experiences. Given the fact that the disclosures were

of low intimacy value the generalizations that can be made from this study seem limited. The interviewers discussed their tendency to procrastinate. In sum, it seems that the effect of positive/negative disclosure in relation to other significant variable such as intimacy level has not been adequately evaluated.

Level of intimacy. Our reading of the literature would suggest that by dividing intimacy into six levels we can classify most of the kinds of disclosure that a counselor is likely to make. The levels of intimacy are: a) demographic information, b) the therapist's professional identity, d) the therapist's world view, d) emotional reactions of the counselor, e) personal experiences of the counselor, f) counselor fantasies. Because of theoretical and/or personal style of the counselor he/she may draw the line at any point along this continuum. We would suggest that a counselor who would not disclose at level b would not disclose at level d. One who would disclose at level f would probably also disclose at level c.

Demographic information. At the most superficial level, lies disclosure of demographic information. This type of information describes general characteristics or facts about the counselor that relate to his or her age, marital status, residence, etc. At the outset of the counseling relationship, physical information is conveyed regarding the therapist's appearance (build, attractiveness, attire) as well as the manner in which the counselor greets the client. Moreover, the decor of the office, or whether or not the counselor positions

him or herself behind a desk, all convey information that is significant to a client who may have had very little information about the counseling situation and the person with whom they hope to work. A client may seek demographic information about the counselor as a relatively safe means of learning more about the professional, and similarly, the therapist would probably feel safe offering such seemingly innocuous information to the client.

Professional Identity. There seem to be two types of information that fit under this rubric. The first and least intimate is the disclosure of information regarding the professional standing of the therapist. This can be communicated subtly through diplomas, awards or nameplates in the therapist's office. More explicitly, the therapist may offer information regarding his or her specific areas of expertise, in regard to training or practice. This is information that the client has a legitimate right to know in order to secure the services most appropriate for their concerns.

A second type of professional disclosure involves the sharing of the therapist's experiences in working with other clients. While the disclosure of general information regarding the therapist's professional standing seems most useful initially, the disclosure of specific therapeutic experiences is a more individualized way of allying the client doubts or molding client expectations regarding the psychotherapeutic process for an individual presenting similar concerns.

Counselor world view. The disclosure of the

therapist's "world view" seems an inevitable biproduct of the counselor's behavior within the psychotherapeutic interaction. The counselor's association of ideas--what the therapist focuses on, how he or she responds to different client statements or behaviors, etc. communicates a great deal about the basic "reality" of the professional. A counselor who inevitably turns the conversation around issues involving the client's development conveys a much different image than the counselor who chooses to focus on the irrationality of the client's perceptions. Although these examples may seem to simply reflect the counselors theoretical position, the term world view is preferred for its encompassment of the mesh between the professional and personal style of the counselor. This represents a merging of the philosophical, cultural, professional and personal identity of the therapist-his or her basic schema for dealing with the world.

Attitudes/beliefs. The sharing of information regarding the counselor's attitudes, opinions or tastes serves to identify the therapist as an unique individual. The previous sections discussed types of disclosure that do not relect those qualities of the therapist that define him or her as a unique human being. The intimacy value of this information may be as small as the sharing of a book title that would facilitate the client's growth, to the more involved disclosure of the therapist's opinion that premarital sex can be damaging to an individual. Disclosures of this type can be limited to attitudes relevant to the counseling relationship or can entail the counselor's expression of a personal opinion not

relevant to the relatioship, e.g., ":I really enjoyed that movie on television last night, did you get a chance to see it?" The very fact that attitudes of this nature may often be expressed in cognitive manner, generally limits their intimacy value.

Counselor emotional responses. The disclosure of affective information can be focused on the past or present. Disclosures which are focused on the past are those that relate to events outside of the present therapeutic interaction. The therapist may respond affectively towards client thoughts, actions, significant others, etc. An example of this type of disclosure would be, "Its sad to think that your father was not there when you needed him." Generally, these types of disclosures would be focused on reativly broad topics that impact on the client's present state or progress.

The disclosure of present affective information has been the specific type of disclosure subject to the most investigation. McCarthy and Betz (1978) were the frst investigators to discriminate between such "self-involving' disclosures ("direct present expressions of a counselor's feeling about or reactions to client statements and/or behaviors") and self-disclosing statements--those disclosures of the counselor's past experiences. An example of a self-involving statement might be, "I am feeling happy for you right now," a self-disclosing statement might be, "that reminds me of my relationship with my mother."

Self-involving statements can be viewed as more intimate than past affective disclosures in that they focus

attention on the "here and now" exchange taking place between two people rather than between "therapist" and "client." Such information suggests that the therapist is present as an authenic individual and that the client has somehow evoked these reactions. It may communicate a genuine sense of empathy or the therapist's authentic concern for the welfare of the client.

McCarthy and Betz (1979) found that subjects exposed to a simulated counseling session in which a counselor used self-disclosing or self-involving responses, rated the self-involving counselors as more trustworthy and expert. These self-involving statements also elicited higher rates of present-tense self-referent statements than did their self-disclosing counterparts. An investigation conducted by McCarthy (1979) adds further support for these findings. However, Dowd and Boroto (1982) found no difference in rated attactiveness between counselors using self-involving or self-disclosing statements; however, both of these counselors were viewed as more attractive than counselor offering interpretations or summary statements. In spite of their liking for the disclosing counselor the subjects in this study expressed a greater willingness to see the counselor offering interpretations.

McCarthy and Betz (1978) failed to discriminate between the positive and negative dimensions of this behavior. These investigators instead presented only positive self-involving statements to clients as was the case in other investigations (McCarthy, 1979; McCarthy, 1982). Reynolds and Fischer (1983)

made the necessary distinction beteeen positive and negative self-involving statements. Positive self-involving statements entail the present expression of the counselors positive or congruent feelings towards the client's feelings or experiences. Negative self-involving statements involve the expression of negative or incongruent feelings toward the client.

Findings presented by Reynolds and Fischer (1983) indicate that while counselors who make positive and negative self-involving statements were viewed as more trustworthy and expert, no differences were observed between positive and negative self-involving conditions. Remer, Roffey, and Buckholts (1983) on the other hand, found that counselors using positive self-involving statements were viewed as more attractive than their counterparts using negative self-involving statements.

Andersen and Anderson (1985) attempted a replication and extension of these investigations, finding clear differences in ratings of attractiveness, trustworthiness, and expertness between counselors using positive versus negative self-involving statements. Counselors using positive self-involving statements were perceived more favorably along these dimensioins and were viewed as more appropriate and subjects expressed a greater willingness to see a similar counselor.

Assessments of appropriateness (the degree to which prior client expectations matched actual counselor behavior) were hypothesized to be a potent force, mediating the subjects'

entire assessment of the counselor. In fact, intercorrelations between each of these dependent measuires were highly significant, suggesting that a global impression was indeed being formed. Rather than viewing these ratings as criteria by which to assess the efficacy of these techniques, as implied in other aforemetioned studies, these findings were interpteted as reflecting the influence of initial expectations on early client impressions. These expectations will most likely change when the client experiences them in the context of a more developed therapeutic alliance.

Personal experiences of the counselor. The disclosure of the information regarding the counselor's experiences is the type of disclosure most typically associated with the term "therapist self-disclosure."

The sharing of an experience outside of the therapist's professional life is usually a more intimate type of disclosure. The therapist may, for example, communicate that he or she once experienced difficulties similar to the clients. A wide range of possible responses fall into this category. The disclosure of problems can vary along each of the previously discussed dimensions. Problems that were resolved successfully could be received differently than those that are currently probablematic for the therapist. Thus, several additional dimensions could be included under this category.

Researchers have also devoted a great deal of attention to this type of disclosure. However, the use of discrepant methodologies and research procedures prohibit generalizations (see Cozby, 1973 for a review of this literature). The studies

that compared disclosures of personal experiences to self-involving disclosures indicated that such disclosures are not received favorable, at least in the analogue studies that have been reviewed (McCarthy & Betz, 1978; McCarthy, 1979; Reynolds & Fischer, 1983). Additional support has been gathered from investigations drawn from group leaders disclosing such information (Dies, 1973; Weigel, Dinges, Dyer, & Straumfjord, 1972). Once again these findings must be regarded with caution-they refect the input of initial expectations before a psychothrapeutic alliance has been established.

Fantasies. The final type of disclosure involves the sharing of images and fantasies by the therapist. Some therapists find the use of images and fantasies to be a most effecive means of communicating information not ameanable to verbal description or as a means of symbolizing events or feelings that the client or counselor may have. As such, the creative expression of such information is a personal form of disclosure. A therapist may conceptualize the client as a "baby lying alone in the desert," or use a fantasy that describes the therapists vision of the client, "glowing with an inner power, inpenetrable to the arrows of criticism and degradation." A fantasy may serve several purposes such a providing a model for the client to follow, fixing a goal in the client's mind or giving the client permission to behave in a particular manner.

Part III Conditions for self-disclosure

Thus far we have discussed the reasons a counselor might share personal information with a client as well as the types (kinds) of information that might be shared. Under what conditions, however, might it be therapeutic for the client to be given personal information about a counselor? To use self-disclosure successfully, a counselor needs to be aware of the circumstances and/or basic conditions that make it useful. Self-disclosure can be viewed simply as an intervention, in which case it, like other techniques can be differentially implemented with certain types of clients under stated circumstances. For example, when a client feels that his/her behavior is quite strange, when in reality it is common, a self-disclosing statement on the part of the counselor may normalize the client's behavior. On the other hand, discriminative use of disclosure may occur in the context of an "authentic" therapeutic relationship in which disclosure is a continuous process. But even when disclosures are to provide a atmosphere of genuineness, the counselor may use a more focused disclosure in order to produce a desired effect.

We will discuss the following conditions which from a reading of the literature seem to be the major considerations on when self-disclosure is used: a) therapist style, b) client expectations, c) client needs, d) other considerations.

Therapist style. As discussed in section one of this paper the most significatant condition for disclosure lies in the theoretical framework of the therapist. We discussed the humanistic/existential and psychodynamic schools as being

representative of the most divergent positions regarding counselor self-disclosure. Which theoretical framework a counselor adheres to may also be a reflection of the counselor's world view. That is, ideally the theory and techniques one uses should be consistent with ones basic assumptions about behavior and people. In turn the theoretical orientation will influence the counselor's expectations regarding the role of counselor and client. We also recognize that there is a great deal of diversity among practitioners representing the psychodynamic school and the humanistic/existential. Generally, however, humanistic/existential therapists believe that the authenticity of the therapeutic relationship is very significant. The acceptance of the theoretical tenets of this orientation would include an acceptance of a need to be open and disclosive with clients.

Within the theoretical framework of the counselor, his/her personal style becomes an important condition under-lying the use of self-disclosure. For the humanistic/existential practitioner, the theoretical therapeutic self and his or her personal self would optimally be congruent. For other, less experiential theories of therapy, a schism would exist between the professional and the personal identity of the therapist.

In keeping with the multidimensional model we have presented, a great deal of variety would be observed in regard to the types of disclosures offered and the reasons for doing so even between counselors from the same school of therapy.

Certain counselors may focus on the disclosure of affect during the sessions while others may wish to use a greater proportion of experiential disclosures. Some would give more negative self involving statements and others would use more positive self-involving statements.

Client expectations. A determination of the client's expectations regarding the use of disclosure of personal information about the counselor also seems useful. A number of investigations were previously reviewed that indicated some consistency in regard to the client's expectations. Chaikin and Derlega (1974) demonstrated the influence of the client expectations on perceptions of counselors using self-disclosure: subjects who initially rated counselor disclosure as less appropriate subsequently rated disclosive counselors less favorably. Other investigatros similarly suggest that disclosure by the therapist may violate the client's expectatons of what the counselor's role should be (Simonson & Bahr, 1974; Weigel, et al. 1972). These expectations cannot be viewed as static--as the therapeutic alliance evolves, the client's perceptions of the appropriteness of therapist disclosure would also seem to change.

At this time, research has not given us the data by which to decide what type of client responses best to therapist self-disclosure. Experience as counselors, however, would lead us to suggest that the client's purpose in seeking psychological services is an important factor mediating the subsequent expectations he or she will will have of counselor

behavior. A client seeking vocational guidance would seem to have different expectations than an individual experiencing great personal distress. In addition, the usefullness of counselor self-disclosure would be related to the level of client's stress. A client under a great deal of personal distress may not be able to respond to the therapst's self-disclosure, and instead require a more focused intervention.

The blind disclosure of information in response to client requests should be regarded with caution. We agree with Curtis (1982) that the counselor should not simply respond to requests for personal information and that he or she should maintain explicit control over when disclosure occurs and what should be disclosed. The danger of merely responding to client requests lies in the potential for exploitation of this privilege as well as the client's lack of awareness regarding the appropriateness of different types of information. The disclosure must also take into account the personal characteristics of the client--can she or he handle this information?

Client needs. In addition to the expectations of the client, there is a question of with what types of problems will therapist self-disclosure be most effective as an intervention? It is difficult to make a general statement regarding the effectiveness of disclosure for certain clients wth certain poblems. A more accurate question might be: "What types of disclosure work best with what types of clients/problems and for what reasons?" The strength of

therapist self-disclosure lies in its differential application.

Intuitively, it would seem that counselor self-disclosure would be most effective for clients experiencing inter- rather than intra personal problems. But once again the efficacy of disclosure per se may not be the relevant issue, but rather the type of disclosure. For client's experiencing interpersonal difficulties, the counselor may wish to help the client recognize his or her effect on others. The counselor in this situation may wish to disclose information relating to his or her affective response to the client--self-involving statements. For example: "I feel shut out when you react like that." This would seem to be a useful means of "educating" the client interpersonally.

The goals and means of counselor treating a client who is experiencing primarily intrapersonal difficulties may be quite different in regard to the kind of self-disclosure. The counselor may wish to share some personal experiences as a means of facilitating the client's insight into his or her own behavior or the counselor may wish to normalize the client's feelings by sharing a time in which he or she felt similarly. Given that the goals of the counselor dealing with this type of client would be different, it would seem that the type of disclosure used would also vary.

It would be overly simplistic to think that the effects of disclosure would be identical for clients as different points in therapy. The disclosure of information in the early phases of the counseling relationship seems quite different from that occurring later. The results of analogue

investigations seem most applicable to understanding initial client perceptions of self-disclosure by the counselor. McCarthy and Betz' (1978) findings indicate that subjects rate counselors who use self-involving statements more positively than those who disclose information regarding personal experiences. In addition Andersen and Anderson's (1985) findings indicate that subjects respond less favorably to negative versus positive self-involving statements. Since both of these studies deal with subjects who have not yet seen a counselor we can not conclude that in later sessions the same findings would hold.

Further considerations. The findings obtained from a number of analogue studies relate to the effects of self-disclosure in any interpersonal relationship. Certain social norms dictate that use of disclosure interpersonally, such that an individual who discloses an inappropriate amount or type of personal information may be viewed as indiscrete and untrustworthy (Levin & Gergen, 1969). While different expectations obviously characterize the psychotherapeutic relationship, norms none the less exist. In light of the difficulty of investigating the effect of counselor self-disclosure on actual clients in various stages of counseling we have little empirical information about disclosure under these conditions.

In spite of the lack of specific empirical data regarding the differential effects of therapist disclosure during various phases of therapy, several investigators suggest that self-disclosure should be postponed until a sound

therapeutic alliance has been established. (Curtis, 1981; Kaslow, et.al. 1979; Simonson, 1976; Truax & Carkhuff, 1967, Weiner, 1972, 1974, 1978). Truax and Carkhuff (1967) suggest that the therapist should initially avoid self-disclosure by maintaining a detached or ambiguous position, while later he or she engages in an increasing amount of voluntary disclosure of highly intimate information.

Dies & Cohen (1976) offer support for this notion; these investigators found that the perceived appropriateness of disclosure by a group leader is dependent on a number of sessions the group has been meeing (1, 8, or15). Group members regarded disclosure at later times to be more appropriate than that occurring earlier. However, the personal characteristics and development must be considered, rather than simply attending to the number of sessions completed.

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